

Application Data Sheet

Application Information

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | Regular  |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | None   |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | APPARATUS FOR DISCRETE<br>DISTRIBUTION OF GRANULES |
| Attorney Docket Number::            | 1501-1288  |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          |  |
| Total Drawing Sheets::              | 33   |
| Small Entity?::                     | No   |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent             | No   |
| Appl.?::                            |  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MATS  
Middle Name::  
Family Name:: KJELLSSON  
Name Suffix::  
City of Residence:: HORBY  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KOINGE 6860  
Address::  
City of Mailing Address:: HORBY  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-242 92

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: CRISTER  
Middle Name::  
Family Name:: STARK  
Name Suffix::  
City of Residence:: VADERSTAD  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing LEJONBACKEN  
Address::  
City of Mailing Address:: VADERSTAD

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-590 21

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of    | PCT/SE2003/00925        | 6/5/03                  |
|                  |                      |                         |                         |

**Foreign Priority Information**

| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| SWEDEN    | 0202131-9               | 7/5/02        | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name:: VADERSTAD-VERKEN AB

Street of Mailing P.O. BOX 85

Address::

City of Mailing Address:: VADERSTAD

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-590 21